

<i>SERFF Tracking Number:</i>	<i>AMRS-125268478</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>AMERISURE MUTUAL INSURANCE COMPANY, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025856</i>
<i>Company Tracking Number:</i>	<i>AR-WC-70304-RU</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0000 WC Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Companies: AMERISURE MUTUAL INSURANCE COMPANY, AMERISURE INSURANCE COMPANY

Product Name: Workers Compensation	SERFF Tr Num: AMRS-125268478	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: AR-PC-07-025856
Sub-TOI: 16.0000 WC Sub-TOI Combinations	Co Tr Num: AR-WC-70304-RU	State Status:
Filing Type: Rule	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Author: Tracy Upcott	Disposition Date: 08/22/2007
	Date Submitted: 08/21/2007	Disposition Status: Approved
Effective Date Requested (New): 07/01/2008		Effective Date (New): 07/01/2008
Effective Date Requested (Renewal): 07/01/2008		Effective Date (Renewal):

## General Information

Project Name:	Status of Filing in Domicile: Not Filed
Project Number:	Domicile Status Comments:
Reference Organization: NCCI, Inc.	Reference Number: Item 01-AR-2007
Reference Title: Elimination of the Manual of Underground Coal Mine Rules	Advisory Org. Circular: AR-2007-05
Filing Status Changed: 08/22/2007	
State Status Changed: 08/22/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Amerisure Mutual Insurance Company and Amerisure Insurance Company are members of the National Council on Compensation Insurance, Inc. (NCCI).	

For new and renewal policies effective July 1, 2008, we wish to adopt NCCI Item 01-AR-2007 – Elimination of the Manual of Underground Coal Mine Rules, which was announced in circular AR-2007-05 and approved in circular IF-2007-06-02.

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TOI:	16.0 Workers Compensation	Sub-TOI:	16.0000 WC Sub-TOI Combinations
Product Name:	Workers Compensation		
Project Name/Number:	/		

## Company and Contact

### Filing Contact Information

Tracy Upcott, Compliance Analyst I 26777 Halsted Rd. Farmington Hills, MI 48331	tupcott@amerisure.com (800) 257-1900 [Phone] (248) 426-7789[FAX]
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### Filing Company Information

AMERISURE MUTUAL INSURANCE COMPANY 26777 HALSTED RD.  FARMINGTON HILLS, MI 48331-2060  (800) 257-1900 ext. 54270[Phone]	CoCode: 23396  Group Code: 124  Group Name: AMERISURE INSURANCE FEIN Number: 38-0829210 -----	State of Domicile: Michigan  Company Type: PROPERTY & CASUALTY State ID Number:
AMERISURE INSURANCE COMPANY 26777 HALSTED RD.  FARMINGTON HILLS, MI 48331-2060  (800) 257-1900 ext. 54270[Phone]	CoCode: 19488 Group Code: 124  Group Name: AMERISURE INSURANCE FEIN Number: 38-1869912 -----	State of Domicile: Michigan Company Type: PROPERTY & CASUALTY State ID Number:

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	\$25.00 per Advisory filing
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
267689	\$25.00	08/10/2007

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	08/22/2007	08/22/2007

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TOI:	16.0 Workers Compensation	Sub-TOI:	16.0000 WC Sub-TOI Combinations
Product Name:	Workers Compensation		
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## Disposition

Disposition Date: 08/22/2007

Effective Date (New): 07/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Company Tracking Number:	AR-WC-70304-RU		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0000 WC Sub-TOI Combinations
Product Name:	Workers Compensation		
Project Name/Number:	/		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty		Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation		Yes
Supporting Document	NAIC loss cost data entry document		Yes

*SERFF Tracking Number:*      *AMRS-125268478*

*State:*      *Arkansas*

*First Filing Company:*      *AMERISURE MUTUAL INSURANCE*  
*COMPANY, ...*

*State Tracking Number:*      *AR-PC-07-025856*

*Company Tracking Number:*      *AR-WC-70304-RU*

*TOI:*      *16.0 Workers Compensation*

*Sub-TOI:*      *16.0000 WC Sub-TOI Combinations*

*Product Name:*      *Workers Compensation*

*Project Name/Number:*      */*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: AMRS-125268478 State: Arkansas  
First Filing Company: AMERISURE MUTUAL INSURANCE State Tracking Number: AR-PC-07-025856  
COMPANY, ...  
Company Tracking Number: AR-WC-70304-RU  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations  
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## Supporting Document Schedules

### Review Status:

**Bypassed -Name:** Uniform Transmittal Document- 08/21/2007  
Property & Casualty  
**Bypass Reason:** Filing details are provided in the General Information tab.  
**Comments:**

### Review Status:

**Bypassed -Name:** NAIC Loss Cost Filing Document 08/21/2007  
for Workers' Compensation  
**Bypass Reason:** This filing does not involve loss costs.  
**Comments:**

### Review Status:

**Bypassed -Name:** NAIC loss cost data entry document 08/21/2007  
**Bypass Reason:** This filing does not involve loss costs.  
**Comments:**